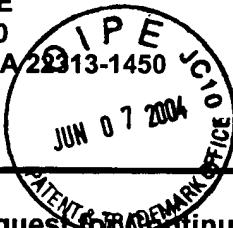


93 **REQUEST**
FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL *RCE 181*

Address to:

Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number	09/475,141
Filing Date	12/30/1999
First Named Inventor	Fen-Chung Kung
Group Art Unit	2667
Examiner Name	YAO, Kwang Bin
Attorney Docket No.	1999-0353

This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

1) Submission required under 37 C. F. R. § 1.114

a) ☐ Previously submitted:

i) ☐ Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02.
(Any unentered amendment(s) referred to above will be entered).

ii) ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

iii) ☐ Other

b) ☒ Enclosed:

i) ☒ Information Disclosure Statement

ii) Affidavit(s) / Declaration (s)

iii) Sheet of Additional Drawing

iv) ☐ Petition for Extension of Time to Reply

v) ☐ Power of Attorney

2) Miscellaneous:

a) ☐ Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(I) required).

b) ☐ Other

3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed.

a) ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to
Deposit Account No. 502,186

i) ☒ RCE Fee required under 37 C. F. R. § 1.17(e).

ii) ☐ Extension of time fee (37 C. F. R. §§ 1.136 and 1.17).

iii) ☒ Any Other Required Fee.

CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

Customer Number -

or ☒ Correspondence address below

NAME	Samuel H. Dworetzky				
ADDRESS	PO Box 4110				
CITY	Middletown	STATE	NJ	ZIP CODE	07748
COUNTRY	USA			FAX	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Ronald D. Slusky		REG. No.	26585
TELEPHONE	732-249-0940			
SIGNATURE	<i>[Signature]</i>		DATE	06/03/2004

CERTIFICATE OF MAILING AND TRANSMISSION

I hereby certify that this correspondence is being transmitted to the USPTO by facsimile to telephone number 703-872-9306 on the date indicated below.

Name (Print/Type)	Ronald D. Slusky	
Signature	<i>[Signature]</i>	Date 06/03/2004

06/08/2004 EAREGAY1 00000075 502186 09475141

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